

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S09263** (2)

1. Corporation Name
JAMES BROS. ENTERPRISES, INC.

Principal Office (Mailing Address)
**867 CORDOVA DRIVE
BOCA RATON FL 33432**

Mailing Address
**867 CORDOVA DRIVE
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/29/1990** 3a. Date of Last Report **05/01/1994**

4. FID Number **58-1800760** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Does corporation have liability for child labor under Florida Statutes? Yes No

2. Principal Office (Mailing Address) 2a. Mailing Address
21 State Apt # etc. 26 State Apt # etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City & State 25 City & State 29 City & State 30 City & State

9. Name and Address of Current Registered Agent
**LUCIBELLA, RICHARD
2255 GLADES ROAD, STE. 416A
SUITE 306
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.2625 and 607.2630, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.2625 and 607.2630, Florida Statutes.

SIGNATURE _____
I, _____, Secretary of State, do hereby certify that the above information is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS

OFFICE	NAME	STREET ADDRESS	CITY & STATE
P	LUCIBELLA, RICHARD J	867 CORDOVA DR	BOCA RATON FL
OFFICE	NAME	STREET ADDRESS	CITY & STATE
OFFICE	NAME	STREET ADDRESS	CITY & STATE
OFFICE	NAME	STREET ADDRESS	CITY & STATE
OFFICE	NAME	STREET ADDRESS	CITY & STATE
OFFICE	NAME	STREET ADDRESS	CITY & STATE
OFFICE	NAME	STREET ADDRESS	CITY & STATE
OFFICE	NAME	STREET ADDRESS	CITY & STATE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE	NAME	STREET ADDRESS	CITY & STATE	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information reported with this filing is accurately furnished and does not qualify for the exception stated in Section 119.07(9)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am available to give to the corporation or its officer or authorized agent, as requested by Chapter 607, Florida Statutes, and that my name appears on Block A, or Block B, of the report or on an attachment with an address.

SIGNATURE: *Richard J. Lucibella*
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/95 407 591 6020